Rainbow Scholarship Application: Active Rainbow Girls

Please complete this application form and return it to the Supreme Deputy no later than July 1st of each year. Two scholarships in the amount of $500 per year, $250 per semester, will be awarded annually. Proof of enrollment must be submitted to the Supreme Deputy each semester.

Name: _____ Age: _____ Years in Rainbow: _____

Address: _____

Street/P.O. Box City State Zip

Assembly: _____ Mother Advisor: _____

Please list any offices held and/or honors received on the local or state level for Mississippi Rainbow:

_____

_____

_____

High School: _____ College: _____

Major/Intended Major: _____ Minor (if any): _____

Please list any high school or college activities or honors received: _____

_____

_____

Please list any community or church activities in which you are involved: _____

_____

_____

I freely and voluntarily provide the information requested in this application. I also waive any objections to the use of this information, as I understand that it will be used in determining my eligibility for this scholarship and related public relations efforts.

_____ _____

Signature of Applicant Date Signature of Mother Advisor Date

_____ _____

Signature of Masonic Recommendation Date Signature of Non-Masonic Recommendation Date

Please attach a copy of the following items to this application: (1) a current photograph; (2) a copy of your most recent transcript; (3) an essay not to exceed 500 words on why you should receive this award.